

HOUSEHOLD NUMBER \_\_\_\_\_

**OKI REGIONAL ACTIVITIES AND TRAVEL SURVEY - PART 1**

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the Ohio-Kentucky-Indiana Regional Council of Governments, OKI. May I speak with one of the heads of your household, who is over 18 years old? We are conducting a regionwide travel survey. Your household is among a select group that has been chosen by a scientific method to take part in this study. The results will be used to determine transportation needs within the OKI region. Your household's participation and cooperation with this study is very important. By completing this survey you will be performing an important public service.

A. Are you one of the heads of this household and are you over 18 years old?

1 YES

2 NO

(ASK TO SPEAK TO ONE OF THE HEADS OF HOUSEHOLD.  
IF NECESSARY, REPEAT INTRODUCTION, OR ARRANGE CALLBACK)

In order to determine the precise travel information we need, I first need to know:

Q1. Is this your primary residence?

1 YES

2 NO

9 Refused/NA

To complete their study, OKI needs information about the travel patterns of members of your household. If you agree to participate, we will mail you a set of activity diaries—one for each member of your household—so that each of you can record your activity patterns and the trips you make on a particular weekday within our survey period. For all children under 12 years old, an adult or older child should fill out or verify the diaries. In the diaries, you will be asked to record your activities and information on how you got to each of them. Please take your diary with you wherever you go that day. I want to emphasize that your responses will be strictly confidential.

Information on your household's travel patterns, combined with information from other selected households, will allow OKI to estimate travel patterns throughout the area and to better plan for the region's travel needs. Your participation is very important. All members of your household will need to fill out the activity diaries for us to consider it a completed survey.

**Q2. Can your household participate?**

- 1 YES (CONTINUE)  
2 NO (THANK AND TERMINATE)

**Sch- We would like to schedule you to fill out the diaries on . . . .**  
**day**

(INTERVIEWER CHOOSE DATE TO BE TEN DAYS FROM TODAY OR THE NEXT WEEK DAY)

- 9 Will not be within the region during travel days available for  
assignment (THANK AND TERMINATE)

**To mail the information, I need to have your complete address:**

(PLEASE BE SURE TO GET CORRECT SPELLING)

**Addr. ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**ZIP** \_\_\_\_\_

**MAJOR CROSS STREETS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 7 Will not give address (THANK AND TERMINATE)

- 9 Refused to participate in travel survey (THANK AND TERMINATE)

**Name. To whom should I address the survey package?**

**NAME** \_\_\_\_\_

**Q5. So that we can know how many activity diaries to send, including yourself and all children, how many people live at this address? (Not including children living away from home - college, etc.)**

\_\_\_\_\_ 99 Refused/NA (THANK AND TERMINATE)  
(Number)

**Q6. To determine what survey category your household falls within, how many vehicles are available to members of your household?**

0 1 2 3 4 5 6 7 8 9 10+

\_\_\_\_\_  
(Number)

The morning through mid afternoon/evening following your assigned travel day, or within a few days we will recontact you to collect your household's trip information over the phone.

**Q8. Is there another number where we can reach you, after your assigned travel day?**

- 1 YES (GO TO Q8B)
- 2 NO (GO TO THANK YOU)

**Q8B. What is this number?**

\_\_\_\_\_  
*second phone number*

**THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY:**

Please have the diaries for your entire household ready to read to the interviewer who calls. If we do not reach you the morning through mid afternoon/evening after your assigned travel day, please keep your diaries for a few days until we are able to reach you. If you have any questions about the study, please call our toll free number which is 1-800-783-0540. Your household's cooperation with this study is greatly appreciated.

**Best-time. (INTERVIEWER: DO NOT READ  
IF RESPONDENT INDICATED SPECIAL DAY/TIME TO BE REACHED  
BRIEFLY SPECIFY BELOW.**

**IF THEY DO NOT SPECIFY JUST HIT "RETURN".)**

# OKI REGIONAL HOUSEHOLD ACTIVITY AND TRAVEL DIARY

NAME: \_\_\_\_\_

TRIP LOG FOR DAY/DATE: \_\_\_\_\_

## ACTIVITY KEY

**NOTE:** All activities in the home not related to paid work should be recorded as "Household Activities" only.

### IN-HOME ACTIVITIES:

- Household activities, (*sleep, family care, chores, personal care, etc.*)
- Paid Work (*in-home*)

### OUT-OF-HOME ACTIVITIES:

- Errands (*personal, medical, religious, etc.*)
- Meals (*eating out*)
- Recreation (*visiting, socializing, hobbies, exercise, entertainment, etc.*)
- School (*classes, homework, tutoring, day care, etc.*)
- Paid Work
- Shopping, General (*groceries, clothes, etc.*)
- Shopping, Major (*for big items such as car, furniture, home*)
- Chauffeuring family, friends, (*pick-up/drop-off passengers*)
- Cruising for travel's sake (*going for a walk or ride, sight-seeing*)

## DIRECTIONS

We need to know your activities on your assigned day.

Use the Activity Key above to fill in the Activity Chart, listing all activities that involved travel of any kind.

Use the keys to list activity changes within the home involving paid work, and to list a new activity each time you change locations outside the home.

## TRIP RECORDING TIPS

- We need to know about each trip you made--no matter how short!
- Each "leg" of a trip should be recorded as a separate activity.
- We need to know about each activity you made including activities by car, bus, train, and walking or bicycling--a walk is considered an activity/trip!

## EXAMPLES

1. Home to work and work to home means filling out information for two activities--home to work, work to home.
2. Walking to a convenience store and back for a quart of milk will be recorded as two activities--even though both trips together took less than ten minutes.
3. If you left home for work but dropped off your child at day care, then dropped off your dry cleaning, before reaching work--you will record information for three different trips--home to day care, day care to dry cleaners, dry cleaners to work, (chauffeuring, errands, work).
4. If you took a walk or bicycle ride around your neighborhood and back home, without stopping for some other purpose--it counts as an activity (cruising)! Your children's activities around the neighborhood, or to a friend's house, should also count as activities!

**EACH MEMBER OF YOUR HOUSEHOLD NEEDS TO HAVE THIS ACTIVITY KEY AND TRIP LOG TO PROVIDE TO THE INTERVIEWER WHEN HE OR SHE CALLS THE HOME FOR AN INTERVIEW ON YOUR ASSIGNED ACTIVITIES AND TRAVEL DAY.**

**PLEASE START YOUR FIRST ACTIVITY ON THE FOLLOWING PAGE**



1. YOUR FIRST ACTIVITY: (Check one:)		1. YOUR NEXT ACTIVITY: (Check one:)		1. YOUR NEXT ACTIVITY: (Check one:)	
<input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK (in-home) <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS		<input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK (in-home) <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS		<input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK (in-home) <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS	
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4. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____		4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - (go to next activity) <input type="checkbox"/> NO - (continue)		4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - (go to next activity) <input type="checkbox"/> NO - (continue)	
5. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE:		5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____		5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____	
6. NEAREST CROSS STREETS: _____ &		6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE:		6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE:	
GO TO NEXT ACTIVITY		7. NEAREST CROSS STREETS: _____ &		7. NEAREST CROSS STREETS: _____ &	
		8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____		8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____	
		9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> NO - (skip to Question 10) <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? # _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? # _____ <input type="checkbox"/> ENDED WITH YOU ONLY? # _____		9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> NO - (skip to Question 10) <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? # _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? # _____ <input type="checkbox"/> ENDED WITH YOU ONLY? # _____	
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ACTIVITY 1			ACTIVITY 2			ACTIVITY 3		
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<b>C</b> REGULAR BUS OR TRAIN OR PLANE? WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHAT PERCENT? _____ % HOW DID YOU GET TO 1ST BUS/TRAIN/PLANE & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN/PLANE HOW DID YOU GET FROM LAST BUS/TRAIN/PLANE TO YOUR DESTINATION & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> NO <input type="checkbox"/> YES			<b>C</b> REGULAR BUS OR TRAIN OR PLANE? WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHAT PERCENT? _____ % HOW DID YOU GET TO 1ST BUS/TRAIN/PLANE & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN/PLANE HOW DID YOU GET FROM LAST BUS/TRAIN/PLANE TO YOUR DESTINATION & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> NO <input type="checkbox"/> YES			<b>C</b> REGULAR BUS OR TRAIN OR PLANE? WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHAT PERCENT? _____ % HOW DID YOU GET TO 1ST BUS/TRAIN/PLANE & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN/PLANE HOW DID YOU GET FROM LAST BUS/TRAIN/PLANE TO YOUR DESTINATION & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> NO <input type="checkbox"/> YES		

# THANK YOU FOR YOUR PARTICIPATION!

**OKI REGIONAL ACTIVITIES AND TRAVEL SURVEY - PART II**

**ENTER HOUSEHOLD NUMBER AND PERSON EXTENSION**

**INTERVIEWER: IS THIS THE FIRST PERSON IN THE HOUSEHOLD THAT YOU ARE INTERVIEWING?**

- 1 YES (CONTINUE)
- 2 NO "First I need the age and employment information for the next person" (GO TO Q12)

Hello, my name is \_\_\_\_\_. I'm calling on behalf of Ohio-Kentucky-Indiana Regional Council of Governments, OKI. Your household agreed to fill out activity and trip information for (ASSIGNED DATE). I'm calling back to collect this information. May I talk with (FULL NAME) \_\_\_\_\_? (INTERVIEWER: IF NOT AVAILABLE ASK TO SPEAK TO SOMEONE 18 YEARS OR OLDER.)

**A2. We spoke with you before about the OKI regional activities and travel survey. Are you one of the heads of household?**

- 1 YES (REPEAT INTRODUCTION IF NECESSARY AND GO TO B2)
- 2 NO (VERIFY PERSON IS OVER 18 AND CONTINUE, OTHERWISE SCHEDULE CALLBACK ON SAMPLE LIST)

**B2. Did you and the other members of your household have a chance to complete the activity and trip diaries we sent.**

(INTERVIEWERS: IT IS IMPORTANT THAT EVERYONE IN THE HOUSEHOLD HAS COMPLETED THEIR ACTIVITY DIARIES.)

"WAIT UNTIL RESPONDENT HAS FILLED OUT DIARY IN FRONT OF THEM"

- 1 YES (GO TO Q9)
- 2 SOME BUT NOT ALL MEMBERS
- 3 RECEIVED BUT DID NOT FILL OUT (GO TO C2)
- 4 NEVER RECEIVED (GO TO C3A-C3C: RECONFIRM PARTICIPATION IN THE SURVEY AND ADDRESS. ASSIGN NEW TRAVEL DAY AND CALLBACK DATE AND TIME.)

**C2. Is your household still willing to participate in this survey? We will need every member of your household to fill out the activity diaries.**

- 1 YES ("Then I will assign you a new date for recording your household's activities." ASSIGN NEW TRAVEL DAY AND CALLBACK DATE AND TIME ON SAMPLE LIST)
- 2 NO (THANK AND TERMINATE)



**C3A. To re-mail the information, I need to re-confirm your complete address.**  
(INTERVIEWER: CONFIRM ON PAPER AND UPDATE ON PAPER FOR RE-MAIL)

(PLEASE BE SURE TO GET CORRECT SPELLING)

ADDRESS \_\_\_\_\_

CITY, ZIP CODE: \_\_\_\_\_

**C3B. We would like to re-schedule you to fill out the diaries on...**

(INTERVIEWER: PICK FIRST AVAILABLE DATE - ALSO record ON PAPER TIME DOES NOT MATTER)

**C3C. The evening following your assigned travel day, or within a few days if we are unable to reach you, Market Opinion Research will recontact you to collect your household's trip information over the phone.**

**D2. If right now I collect the activity diary information for the members who have filled them out; when I call back, can I get the recorded information for the assigned travel day from the remaining members? For an interview to be counted, we need the activity diary information from each member of the household.**

- 1 YES (GO TO Q9)
- 2 NO (THANK AND TERMINATE)

#### HOUSEHOLD DATA

Right now it will take just a few minutes to complete the vehicle and household information part of the survey. First...

**Q9. My records show that your household has (NUMBER) MEMBERS. Is this right?**

(INTERVIEWER: IF "YES" JUST HIT RETURN

IF "NO" CORRECT DATA AND SAMPLE LISTING BY ADDING THE PERSON OR PEOPLE TO THE NEXT AVAILABLE EXTENSIONS.)

**Q9A. Your travel date is...?**

INTERVIEWER: ENTER IN TRAVEL DATE - OR NEW DATE THEY GIVE YOU

(YEAR/MONTH/DAY)

**Q9B. I need to confirm your address.....**

**(FOR ANY P.O. BOXES OR RURAL ROUTES — REMOVE DATA AND GET STREET NAME AND NUMBER)**

**(INTERVIEWER - PLEASE BE SURE TO GET CORRECT SPELLING!!!  
INCLUDE:**

- WE NEED STREET SUFFIX, ABBREVIATED WITH NO PERIODS:  
AVE, BLVD, CT, PL, ST, RD, ETC.**
- APARTMENT NUMBERS IF ANY (RECORD AS: APT OR #)**

**Address**

**City**

**State**

**Zip**

**Q9A. How many vehicles are owned, leased, company cars, or other property of  
of your household, excluding vehicles not used for general transportation?**

- 1 One**
- 2 Two**
- 3 Three**
- 4 Four**
- 5 Five or More**
- 7 None**
- 9 Refused/NA**

**(ASK ALL:)**

**Q9B. How many motorcycles/mopeds are available?**

- 1 One**
- 2 Two**
- 3 Three**
- 4 Four or more**
- 7 None**
- 9 Refused/NA**

**Q10. What type of dwelling do you live in? (READ LIST) (ONE RESPONSE)**

- 1 A single-family detached house**
- 2 A single family attached (condominium or townhouse)**
- 3 Duplex (2 units)**
- 4 Building of 3 or 4 units**
- 5 Multiple unit dwelling (apartment) with 5 or more units**
- 9 Refused/NA**



**Q11. Is your annual household income: (READ CATEGORIES)**

- 1 Below \$10,000
- 2 \$10,000 to below \$20,000
- 3 \$20,000 to below \$30,000
- 4 \$30,000 to below \$40,000
- 5 \$40,000 to below \$50,000
- 6 \$50,000 to below \$60,000
- 7 \$60,000 to below \$70,000
- 8 \$71,000 to below \$80,000
- 9 \$80,000 to below 100,000
- 10 \$100,000 to below \$125,000
- 11 \$125,000 to below \$150,000
- 12 \$150,000 or more

99 Refused/NA

This concludes the information we need on your household for statistical purposes. However, before I ask you for information about each of your household members, I would like to ask you about your travel experiences within the OKI region.

Now, Starting with yourself:

**PERSON DATA**

**Q12. What is your (their) age?**

\_\_\_\_\_ (IF AGE IS 1-14, GO TO Q14, THEN Q18A-0)

9 Refused/NA

**Q13. Are you (they) a licensed driver?**

1 Yes

2 No

9 Refused/NA

**Q14. RECORD SEX:**

1 Male

2 Female

**Q15. Are you (they) currently working outside the home?**

1 Yes

2 No

9 Refused/NA

**Q16. Do you (they) generally do paid work at home?**

1 Yes

2 No

9 Refused/NA

**Q17. Not assigned.**

## ACTIVITY/TRIP DATA

Look at Activity 1 on the first inside page of your *(their)* diary booklet. I'm going to ask you to read me what you've *(they've)* recorded as I ask the questions. Remember we need to know about all your *(their)* activities on the assigned day.

**Q18A-0.** Was your *(their)* first/next activity an in-home activity, or was this an out-of-home activity?

- 1 In home
- 2 Out-of-home
- 3 No more activities (GO TO Q51)

**Q19A-0.** What was your *(their)* first/next waking hour activity, after 3 a.m., on your assigned day? (RECORD ONE)

(INTERVIEWER: IF ACTIVITY TOOK PLACE AT MORE THAN ONE LOCATION, YOU MUST TREAT EACH LOCATION AS A NEW ACTIVITY – REGARDLESS OF THE AMOUNT OF TIME EACH STOP TOOK.)

(IF Q18A-0=1, ASK:)

### IN-HOME ACTIVITIES

(INTERVIEWER NOTE: All in-home activities that are not paid work should be recorded as "HOUSEHOLD ACTIVITIES".

- 1 Household Activities, sleep, family care, chores, personal care, etc.
- 2 Paid Work (in-home)

(IF Q 18A-0= 2, ASK:)

### OUT-OF-HOME ACTIVITIES

- 3 Paid Work
- 4 Errands (personal, medical, religious, etc.)
- 5 Recreation (visiting, socializing, hobbies, exercise, entertainment, etc.)
- 6 Meals (eating out)
- 7 Chauffeuring family, friends, (pick-up/drop-off passengers)
- 8 Shopping, General (groceries, clothes, etc.)
- 9 Shopping, Major (for big items such as car, furniture, home)
- 10 Cruising for travel's sake (going for a walk or ride, sightseeing)
- 11 School (classes, homework, tutoring, etc.)

96 OTHER (SPECIFY) \_\_\_\_\_

99 REFUSED/DON'T KNOW (MUST FIT INTO ONE OF THE ABOVE CATEGORIES)

(PROGRAMMER NOTE: ASK FOR FIRST TRIP ONLY)

**Q20A-0.** When did you *(they)* start this first activity?

\_\_\_\_:\_\_\_\_ ☐ a.m. ☐ p.m.



**Q21A-0. When did you (they) end this activity?**

\_\_\_\_:\_\_\_\_ ☐ a.m. ☐ p.m.

(IF Q19A-0=10 GO TO Q28A-0)

**Q22A-0. Where did this activity take place?**

- 1 HOME (GO TO Q27A-0)
- 2 WORK
- 3 OTHER RESIDENCE (GO TO Q23A-0, THEN Q26A-0)
- 4 STORE
- 5 SCHOOL
- 6 NEIGHBORHOOD (GO TO Q23A-0, THEN Q26A-0)
- 7 OFFICE
- 8 HOSPITAL
- 9 SHOPPING MALL

96 OTHER (SPECIFY) \_\_\_\_\_

**Q23A-0. What is the address of this place?**

(INTERVIEWER: PLEASE BE SURE TO GET CORRECT SPELLING!!!  
INCLUDE:

- WE NEED STREET SUFFIX, ABBREVIATED WITH NO PERIODS:  
AVE, BLVD, CT, PL, ST, RD, ETC.

- APARTMENT NUMBERS IF ANY (RECORD AS: APT OR #)

- PO BOX, ETC.)

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

9 NOT ABLE TO GIVE ADDRESS

**Q24A-0. Is there a name for this building, establishment or place?**

- 1 YES (GO TO Q25A-0)
- 2 NO (GO TO Q26A-0)
- 9 REFUSED/DON'T KNOW/NA (GO TO Q26A-0)



**Q25A-0. What is the name of this building or place?**

Name of building (if applicable) \_\_\_\_\_

9 REFUSED/DON'T KNOW/NA

**Q26A-0. What are the nearest cross streets?**

(INTERVIEWER: PLEASE BE SURE TO GET CORRECT SPELLING!!!  
INCLUDE:

- WE NEED STREET SUFFIX, ABBREVIATED WITH NO PERIODS:  
AVE, BLVD, CT, PL, ST, RD, ETC.

- APARTMENT NUMBERS IF ANY (RECORD AS: APT OR #)  
- PO BOX, ETC.)

Nearest Major Cross Streets (RECORD BOTH STREETS)

1 \_\_\_\_\_ (RECORD FIRST CROSS STREET)

2 \_\_\_\_\_ (RECORD SECOND CROSS STREET)

9 REFUSED/DON'T KNOW/NA

**Q27A-0. Were you already at this location when you started this activity?**

1 Yes (GO TO Q18A-0)

2 No

9 Don't know/Refused/NA

(IF Q19A-0=10, ASK:)

**Q28A-0. How far did you go?**

1 Less than a mile

2 1 to less than 3 miles

3 3 to less than 6 miles

4 6 to less than 9 miles

5 9 or more

9 Don't know/Refused/NA

**Q29A-0. How did you (they) get there?**

- 1 CAR, VAN, TRUCK, MOTORCYCLE OR MOPED
- 2 TAXI
- 3 REGULAR BUS
- 4 TRAIN
- 5 SCHOOL BUS
- 6 WALKED
- 7 BICYCLE
- 8 AIRPLANE

96 OTHER (FIT INTO A CODE ABOVE)

(IF Q29A-O=8 SKIP Q30A-O AND Q30BA-O)

(IF O-D POINTS ARE OHIO TO KENTUCKY OR VICE VERSA, SKIP Q30A-O:)

**Q30A-0. Did you cross the Ohio River on this trip?**

- 1 YES
- 2 NO (GO TO Q31A-0)
- 9 REFUSED/DON'T KNOW (GO TO Q31A-0)

**Q30BA-0. What bridge(s) did you use? (ALLOW 2 RESPONSES)**

- 1 I71 and I75 Bridge (Brent Spence Bridge)
- 2 US25 and US42 Bridge (Clay Wade Bailey Bridge)
- 3 Roebling Bridge (Suspension Bridge)
- 4 L& N Bridge
- 5 I471 Bridge (Daniel Carter Beard Bridge)
- 6 I-275 Western Bridge
- 9 DON'T KNOW/REFUSED/NA

ASK ALL:

**Q31A-0. How long did it take you (they) to make the trip to this activity?**

\_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**Q32A-0. Did anyone from your household go with you (them) on this trip?**

- 1 YES
- 2 NO (GO TO Q35A-0)

**Q33A-0. How many household members went with you (them) on this trip?**  
\_\_\_\_\_ (RECORD NUMBER)



**Q34A-0. Were they with you (them): (READ LIST)**

- 1 the whole trip  
2 just started out with you *(them)*  
3 just ended the trip with you *(them)*  
4 or was it different for different people

(IF Q29A-0=1 (CAR/VAN, ETC), ASK: Q35A-0 THROUGH Q39CA-0)

**[IF Q13 (AGE)=1-14, THEN Q35A-0=2 AND SKIP Q35A-0]**

**Q35A-0. Were you (they): (READ LIST)**

- 1 the driver, or  
2 a passenger?

(IF Q35A-0=2 AND Q36A-0=1 OR IF Q36 < Q33) ERROR "NOT POSSIBLE"

**Q36A-0.** Including yourself (*them*), how many people were in the vehicle for this trip?

**(Number)**

**Q37A-0. Were there any parking costs for this trip?**

- 1 YES  
2 NO (GO TO Q39A-0)  
9 REFUSED/DON'T KNOW/NA (GO TO Q39A-0)

**Q38A-0. How much were the parking costs for this trip?**

\$ \_\_\_\_\_.

☐ total for time parked

(OR CHECK ONE:)

☐ per hour      ☐ per day      ☐ per month      ☐ per year

9 REFUSED/DON'T KNOW/NA

**Q38BA-0. Who paid? (READ LIST)**

- 1 SELF (PERSON) .  
2 EMPLOYER  
3 OTHER DRIVER OR  
4 OTHER (SPECIFY) \_\_\_\_\_  
9 REFUSED/DON'T KNOW/NA

**Q39A-0. Where did you (they) park? (ASK AS OPEN-END)**

- 1 Surface lot (legal)
- 2 On street metered
- 3 On street not metered
- 4 Structure or parking garage
- 5 Did not park as a part of this trip
- 9 REFUSED/DON'T KNOW/NA

**Q39BA-0. How many minutes did it take you to find a parking space or spot?**

97 Less than 1 minute

\_\_\_\_\_ MINUTES

**Q39CA-0. How many minutes did it take to get from your parking space or spot to your destination for this activity?**

97 Less than 1 minute

\_\_\_\_\_ MINUTES

(GO TO Q18A-0)

---

(IF 29A-0=3,4,OR 8(REGULAR BUS,TRAIN,PLANE), ASK: Q40A-0 -Q44A-0)

**Q40A-0. How much was the fare for this trip?**

\$ \_\_\_\_\_ Dollars

\$ \_\_\_\_\_ Cents

☐ total per trip

(OR CHECK ONE:)

☐ per day    ☐ week    ☐ per month    ☐ per year

9 REFUSED/DON'T KNOW/NA

**Q41A-0. Did an employer pay for this trip?**

- 1 YES
- 2 NO (GO TO Q42A-0)
- 9 REFUSED/DON'T KNOW/NA

**Q41BA-0. What percent of the fare did an employer pay?**

\_\_\_\_\_ %

9 REFUSED/DON'T KNOW/NA

**Q42A-0. How did you (they) get to the first (BUS, TRAIN, PLANE) you took?**

- 1 Walked
- 2 Drove
- 3 Taxi
- 4 Rode bike
- 5 Was dropped off
- 6 Another Bus/Train

**Q42BA-0. How many minutes did this take?**

\_\_\_\_\_  
minutes

**Q42CA-0. Were there any transfers involved in this trip?**

- 1 Yes
- 2 No
- 9 DON'T KNOW/REFUSED/NA

**Q43A-0. How did you (they) get from the last (BUS, TRAIN, PLANE) you took to your (their) destination?**

- 1 Walked
- 2 Drove
- 3 Taxi
- 4 Rode bike
- 5 Was dropped off
- 6 Another Bus/Train

**Q43BA-0. How many minutes did this take?**

\_\_\_\_\_  
minutes

**Q44A-0. Was a car, van, truck, or motorcycle from your household available for this trip?**

- 1 YES (GO TO Q18A-0)
- 2 NO (GO TO Q18A-0)



---

(IF Q29A-0=2 (TAXI), ASK Q45A-0 THROUGH Q47A-0)

**Q45A-0.** How much was the fare for this trip?

\$ \_\_\_\_\_ Dollars

\$ \_\_\_\_\_ Cents

9 REFUSED/DON'T KNOW/NA

**Q46A-0.** Did an employer pay for this trip?

1 Yes

2 No (GO TO Q47A-0)

9 REFUSED/DON'T KNOW/NA

**Q46BA-0.** What percent of the fare did an the employer pay?

\_\_\_\_\_ %

9 REFUSED/DON'T KNOW/NA

**Q47A-0.** Was a car, van, truck, or motorcycle from your household available for this trip?

1 YES (GO TO Q18A-0)

2 NO (GO TO Q18A-0)

---

(IF Q29 = 5, 6, OR 7 (SCHOOL BUS, WALKED, BICYCLE), ASK Q48A-0 THROUGH Q49A-0)

**Q48A-0.** How many minutes did this trip take?

\_\_\_\_\_ minutes

**Q49A-0.** Was a car, van, truck, or motorcycle from your household available for this trip?

1 YES (GO TO Q18A-0)

2 NO (GO TO Q18A-0)

REPEAT Q18A-0 THROUGH Q49A-0 UNTIL ALL ACTIVITIES AND TRIP INFORMATION HAVE BEEN RECORDED FOR THIS INDIVIDUAL FOR THE ASSIGNED TRAVEL DAY.

ASK ONLY OF HOUSEHOLD CONTACT:

**Q50.** Overall, what is the biggest problem you encounter making the types of trips you described to me in this interview? (OPEN-ENDED RESPONSE)

**INTERVIEW NOTE:** If more members in household (on sample list) ask:

**Q51. O.K., now please give me the same information for the next person in your household.**

***If not, say:***

**Thank you very much for your participation in this study.**